

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

<p>RED CLOUD HOUSING AUTHORITY AGENCY PLAN</p>

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Red Cloud Housing Authority

PHA Number: NE006

PHA Fiscal Year Beginning: 07/2002

PHA Plan Contact Information:

Name: Sharon Beitler, Executive Director

Phone: 402-746-2262

TDD: 402-746-2262

Email (if available): redclhda@gpcom.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

☒ Main administrative office of the PHA
Red Cloud Housing Authority PO Box 247 59 N Chestnut Red Cloud, NE 68970

☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2002
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
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<input checked="" type="checkbox"/> Attachment F : Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment G : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other:	
Attachment H: Voluntary Conversion of Developments from Public Housing Stock	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Red Cloud Housing Authority has entered into an agreement between the Webster County Sheriff and Nebraska State Patrol for background criminal histories for everyone in a household that is 18 years of age and older

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$76,782**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment D

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment C

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

Component 3, (6) Deconcentration and Income Mixing (Insert from PIH 2001-4decon)

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as

implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attach...
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment.
 - ☐ Other: (list below) –

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Nebraska Non-Entitlement Areas
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☒ Other: The 2001-2004 Consolidated Plan does not quantify housing needs.

3. PHA Requests for support from the Consolidated Plan Agency
☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: The 2001-2004 State of Nebraska Consolidated Plan does not quantify housing needs. This Plan calls for maintaining existing and creating additional affordable housing. In this sense the efforts of RED CLOUD Housing Authority to maintain the public housing inventory is in accordance with the State Consolidated Plan.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r) PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-year Plan:

A Substantial Deviation from the 5-year Plan is any changes in the mission statement and/or strategies to implement the mission of the authority. This includes but is not limited to the reallocation of funds or the redefinition of clients. Changes that result from HUD mandates are excluded.

b. Significant Amendment or Modification to the Annual Plan:

A Significant Amendment or Modification to the Annual Plan includes: changes in budget items and capital fund projects due to emergencies, adjustment in policies to address issues such as vacancies; and initiate development projects that will affect the use of capital funds. Changes that result from modifications in regulations and other HUD mandates that are excluded.

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

<p>RED CLOUD HOUSING AUTHORITY ATTACHMENT A</p>
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**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
✓	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
N/A	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
✓	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
✓	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**RED CLOUD HOUSING AUTHORITY
ATTACHMENT B
Performance and Evaluation Report**

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part 1: Summary

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P006 50100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Dec. 31, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	5,000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9,500		1,900.00	1,900.00
10	1460 Dwelling Structures	43,779		28,930.32	14,981.72
11	1465.1 Dwelling Equipment—Nonexpendable	4,500		4,500.00	4,500.00
12	1470 Nondwelling Structures	7,500		0	0
13	1475 Nondwelling Equipment	5,000		2,608.50	2,608.50
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
		Original	Revised	Obligated	Expended

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P006 50100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Dec. 31, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	75,279		37,938.82	23,990.22
	Amount of line XX Related to LBP Activities	10,000			
	Amount of line XX Related to Section 504 compliance	7,500			
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P006 50100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
NE006	Operations	1406						
	Management Improvements	1408						
	Administration	1410		5,000		0		
	Fees & Costs	1,430						
	Site Improvement: Concrete, Curbs Security Lights	1,450		9,500		1,900.00	1,900.00	
	Dwelling Structure: Replace Shingles, Gutters, Downspouts Replaced Exterior Doors Electrical Breaker Boxes Ceiling Fans with Lights Mini Blinds/Valances Exterior Painting	1,460		43,779		28,930.32	14,981.72	
	Dwelling Equipment: Stoves / Refrigerators	1,465.1		4,500		4,500.00	4,500.00	
	Non-Dwelling Structures: Replace Storage Shed	1,470		7,500				
	Non-Dwelling Equipment: Computer Playground Equipment	1,475		5,000		2,608.50	2,608.50	
	TOTAL			75,279		37,938.82	23,990.22	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: RED CLOUD Housing Authority			Grant Type and Number Capital Fund Program No: NE26P00650100 Replacement Housing Factor No:				Federal FY of Grant: 2000
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date) 9/30/01			All Funds Expended (Quarter Ending Date) 9/30/01			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE006	3/31/2002			6/30/2003			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P00650101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Dec. 31, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1,503			
3	1408 Management Improvements Soft Costs	375			
	Management Improvements Hard Costs	1,225			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	3,750			
10	1460 Dwelling Structures	49,279		14,710.09	
11	1465.1 Dwelling Equipment—Nonexpendable	3,375		3,289.91	3,289.91
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	17,275			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Capital Fund Program Grant No: NE26P00650101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Dec. 31, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	76,782		18,000	32,89.91
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P00650101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE006	Operations	1,406		1,503		0		
	Management Improvements	1,408		375		0		
	Administration	1,410		1,225		0		
	Fees & Costs	1,430						
	Site Improvement	1,450		3,750		0		
	Dwelling Structure	1,460		49,279		0		
	Dwelling Equipment	1,465.1		3,375		14,710.09	3,289.91	
	Non Dwelling Structure	1,470						
	Non Dwelling Equipment	1,475		17,275		0		
	Total			76,782		18,000	3,289.91	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Comprehensive Improvement Assistance Program (CIAP)

CIAP Budget /Progress Report Part I: Summary

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0044
(exp. 04/30/2004))

HA Name: Red Cloud Housing Authority		Modernization Project Number NE26P00690699		FFY of Grant Approval: 1999	
<input type="checkbox"/> Original CIAP Budget <input checked="" type="checkbox"/> Revised CIAP Budget/Revision Number <input checked="" type="checkbox"/> Progress Report for Period Ending 12/31/2001 <input type="checkbox"/> Final Progress Report					
Line No.	Summary by Development Account	Total Funds Approved Original	Revised	Total Funds Obligated	Expended
1	Total Non-CIAP Funds				
2	1406 Operations (may not exceed 10% of line 16)				
3	1408 Management Improvements	5000	1500.00	1500.00	784.46
4	1410 Administration	3000	1469.57	1469.57	911.50
5	1415 Liquidated Damages				
6	1430 Fees and Costs				
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures	41101	42818.52	42818.52	42818.52
10	1465.1 Dwelling Equipment—Nonexpendable	4500	4500.00	4500.00	4500.00
11	1470 Nondwelling Structures	18800	17082.48	17082.48	17082.48
12	1475 Nondwelling Equipment	6000	11030.43	11030.43	11030.43
13	1485 Demolition				
14	1495.1 Relocation Cost				
15	1498 Mod Used for Development				
16	Amount of CIAP Grant (Sum of lines 2-14)	78401	78401.00	78401.00	77127.39
17	Amount of line 16 Related to LBP Activities	16000	16000.00	16000.00	16000.00
18	Amount of line 16 Related to Security				
19	Amount of line 16 Related to Section 504 Compliance				
20	Amount of line 16 related to Energy Conservation Measures	11800	11800.00	11800.00	11800.00
Signature of Executive Director Date (mm/dd/yyyy)		HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50). Signature of Director, Office of Public Housing / ONAP Administrator (mm/dd/yyyy)			
		Date form HUD-52825 (10/96) ref Handbook 7485.1			

CIAP Budget /Progress Report
Part II: Supporting Pages

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0044
(exp. 04/30/2004)

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NE26P00690 699							
	Operations	1406	5000	1500.00	1500.00	784.46	52%
	Administration of CIAP	1410	3000	1469.57	1469.57	411.50	62%
	Fees & Costs	1430					
	Site Improvement	1450					
	Dwelling Structures Shingles/ Exterior repairs/ Breaker Boxes	1460	41101	42818.52	42818.52	42818.52	100%
	Dwelling Equipment Stoves & Refrigerators	1465.1	4500	4500	4500	4500	100%
	Non Dwelling Structure Heating/Air conditioning/Shingles/Exterior repairs	1470	18800	17082.48	17082.48	17082.48	100%
	Non Dwelling Equipment Playground Equipment	1475	6000	11030.43	11030.43	11030.43	100%
	Total		78401	78401	78401	77127.39	98%

form **HUD-52825** (10/96)
ref Handbook 7485.1

CIAP Budget /Progress Report
Part III: Implementation Schedule

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0044
(exp. 04/30/2004)

Development Number	Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
NE26P006									

form **HUD-52825** (10/96)
ref Handbook 7485.1

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**RED CLOUD HOUSING AUTHORITY
ATTACHMENT C
Capital Fund Annual Plan**

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P006 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	1512			
3	1408 Management Improvements Soft Costs	375			
	Management Improvements Hard Costs				
4	1410 Administration	1225			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	3750			
10	1460 Dwelling Structures	54845			
11	1465.1 Dwelling Equipment—Nonexpendable	3375			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	11700			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
		Original	Revised		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part 1: Summary

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P006 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1502 Contingency	0	0		
		0	0		
	Amount of Annual Grant: (sum of lines 2-19)	76782			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	20000			
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: RED CLOUD Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P006 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
NE006	Operation	1406		1512				
	Management Improvements Hard & Soft Costs	1408		375				
	Administration	1410		1225				
	Audit	1411		0				
	Fees & Costs	1430		0				
	Site Improvement Landscaping, Sidewalks	1450		3750				
	Dwelling Structures Refurbish Bathrooms, Kitchens, Exterior Rehab, Paint, Unit Conversion,	1460		54845				
	Dwelling Equipment Stoves & Refrigerators	1465.1		3375				
	Non-Dwelling Structure	1470		0				
	Non-Dwelling Equipment Community Space Equipment, Office Furniture, Mower	1475		11700				
	Total			76782				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**RED CLOUD HOUSING AUTHORITY
ATTACHMENTS E, F, G, H**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**Required Attachment E:
Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Eula Jean Henry**

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): **1/2004**

D.

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: **1/2003**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position. **Mayor Gary Ratzlaff**

**Required Attachment F:
Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

PUBLIC HOUSING RAB MEMBERS:

**Laura Dorcas Elliot
Eula Jean Henry
Delores Van Wey**

**Required Attachment G:
Comments of Resident Advisory Board or Boards**

RAB BOARD RECOMMENDATIONS AND RED CLOUD HOUSING AUTHORITY RESPONSE:

The Resident Advisory Board met on 12-10-2001.

CFP for 2000-2006 presented by Executive Director. No comments, therefore no changes to be made at this time.

**Required Attachment H:
COMPONENT 10(B) VOLUNTARY CONVERSION OF
DEVELOPMENT(S) FROM PUBLIC HOUSING STOCK:
REQUIRED INITIAL ASSESSMENTS**

1. How many of the PHA's developments are subject to the Required Initial Assessment?
One
2. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly, disabled developments not general occupancy projects?)
3. How many Assessments were conducted for the PHA's covered developments? One
4. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments.

Development Name	Number of Units

5. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments.

The Red Cloud Housing Authority has completed the process of conducting the Required Initial Assessment for Voluntary Conversion of Developments of Public Housing Stock. The Certification of Compliance will be submitted in hard copy to HUD - Omaha.

The following is an excerpt from the minutes of the regular board meeting held Monday, March 18, 2002:

Resolution # 1-2002

- #1 HUD requires a one-time Initial Assessment of Voluntary Conversion of Developments from Public Housing Stock by October 1, 2001, with report submitted in the FY 2002 Agency Plan along with subsequent certification of the assessment by the board of commissioners.
- #2 An Initial Assessment was completed by the Executive Director of the Red Cloud Housing Authority with the following results:
- #3 The Red Cloud Housing Authority has conducted an assessment of their public housing stock and the community and after due consideration has concluded that conversion of the development is inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion for the following reason(s):
- a. Conversion would be more expensive than continuing to operate the development as public housing;
 - b. Conversion to Section 8 tenant based assistance would not effect the ability to occupy the housing development; and
 - c. Workability of vouchers within the Red Cloud community would be inappropriate.
- #4 The Red Cloud Housing Authority has opted not to convert public housing.